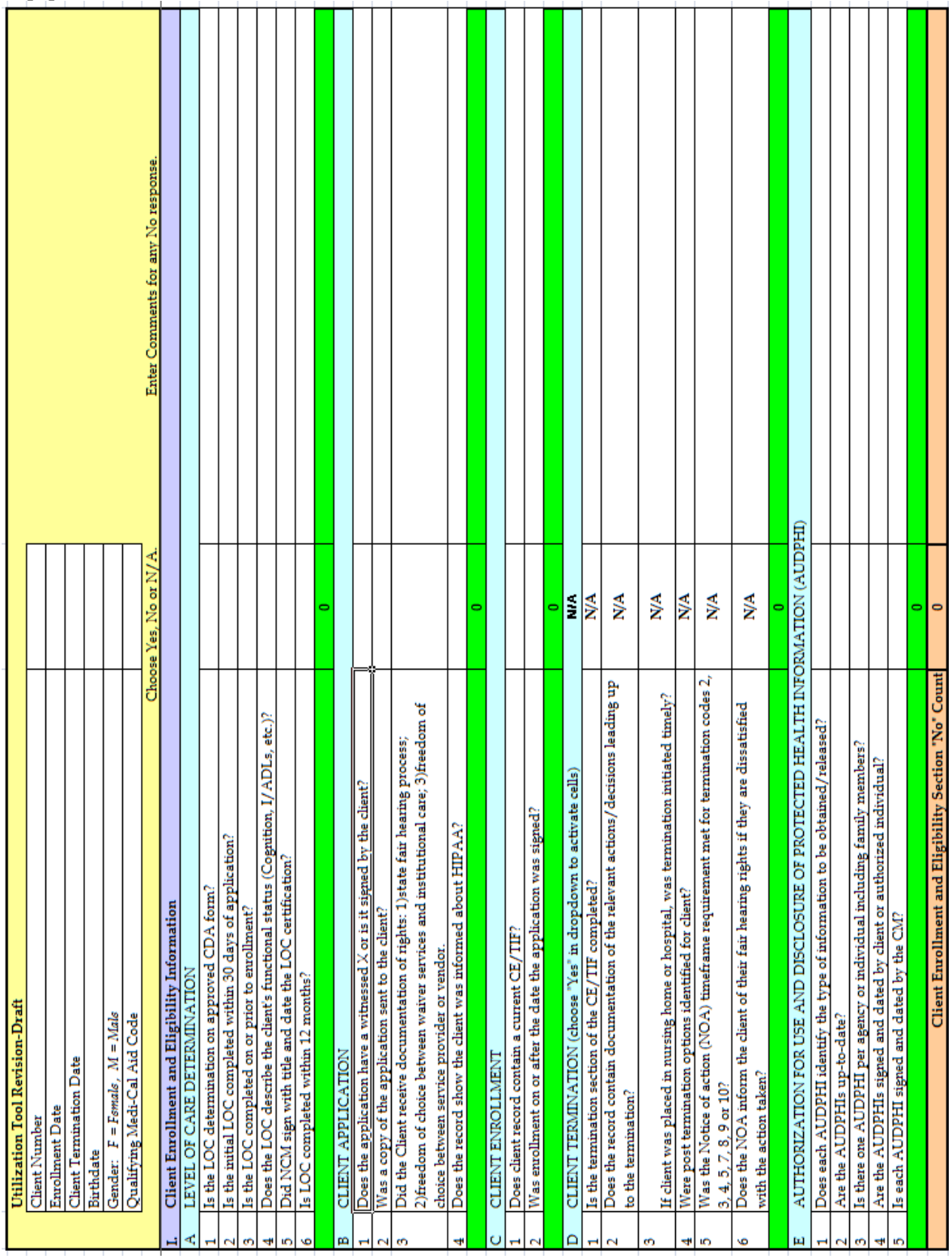
Appendix 2 ▪ Termination of MSSP Services



Utilization Tool Revision-Draft			
Client Number			
Enrollment Date			
Client Termination Date			
Birthdate			
Gender: *F = Female, M = Male*			
Qualifying Medi-Cal Aid Code			
		Choose Yes, No or N/A.	Enter Comments for any No response.
I.	**Client Enrollment and Eligibility Information**		
A	LEVEL OF CARE DETERMINATION		
1	Is the LOC determination on approved CDA form?		
2	Is the initial LOC completed within 30 days of application?		
3	Is the LOC completed on or prior to enrollment?		
4	Does the LOC describe the client's functional status (Cognition, I/ADLs, etc.)?		
5	Did NCM sign with title and date the LOC certification?		
6	Is LOC completed within 12 months?		
		0	
B	CLIENT APPLICATION		
1	Does the application have a witnessed X or is it signed by the client?		
2	Was a copy of the application sent to the client?		
3	Did the Client receive documentation of rights: 1)state fair hearing process; 2)freedom of choice between waiver services and institutional care; 3)freedom of choice between service provider or vendor.		
4	Does the record show the client was informed about HIPAA?		
		0	
C	CLIENT ENROLLMENT		
1	Does client record contain a current CE/TIF?		
2	Was enrollment on or after the date the application was signed?		
		0	
D	CLIENT TERMINATION (choose 'Yes' in dropdown to activate cells)	N/A	
1	Is the termination section of the CE/TIF completed?	N/A	
2	Does the record contain documentation of the relevant actions/decisions leading up to the termination?	N/A	
3	If client was placed in nursing home or hospital, was termination initiated timely?	N/A	
4	Were post termination options identified for client?	N/A	
5	Was the Notice of action (NOA) timeframe requirement met for termination codes 2, 3, 4, 5, 7, 8, 9 or 10?	N/A	
6	Does the NOA inform the client of their fair hearing rights if they are dissatisfied with the action taken?	N/A	
		0	
E	AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (AUDPHI)		
1	Does each AUDPHI identify the type of information to be obtained/released?		
2	Are the AUDPHIs up-to-date?		
3	Is there one AUDPHI per agency or individual including family members?		
4	Are the AUDPHIs signed and dated by client or authorized individual?		
5	Is each AUDPHI signed and dated by the CM?		
		0	
	Client Enrollment and Eligibility Section "No" Count	0	

F	INITIAL ASSESSMENT AND SUMMARIES (choose "Yes" to activate cells)	N/A	
1	Was the Initial Health Assessment (IHA) completed timely?	N/A	
2	Are all sections of the initial health assessment complete?		
a	Cover Sheet	N/A	
b	6 page IHA questionnaire	N/A	
c	Client's Medications	N/A	
d	Initial Health Assessment Summary	N/A	
e	Problem List	N/A	
3	Is the IHA signed and dated by NCM?	N/A	
4	Was the IHA conducted at client's home?	N/A	
5	Is the Initial Psychosocial Assessment (IPSA) completed timely?	N/A	
6	Are all sections of the initial psychosocial assessment complete?		
a	Cover Sheet	N/A	
b	3 page IPSA questionnaire	N/A	
c	Psychological Functioning	N/A	
d	Functional Needs Assessment Grid	N/A	
e	CDA-approved Cognitive Assessment Tool	N/A	
f	Initial Psychosocial Assessment Summary	N/A	
g	Problem List	N/A	
7	Is the Psychosocial signed and dated by the SWCM?	N/A	
8	Was the Psychosocial completed at the client's home?	N/A	
		0	
G	REASSESSMENT (choose "Yes" to activate cells)	N/A	
1	Was the reassessment completed timely? (due one month on either side of the anniversary month)	N/A	
2	Are all sections of the reassessment complete?:		
a	Cover Sheet	N/A	
b	Reassessment	N/A	
c	Functional Needs Assessment Grid	N/A	
d	CDA-approved Cognitive Assessment Tool	N/A	
f	Client's Medications	N/A	
g	Reassessment Summary	N/A	
h	Problem List	N/A	
3	Were changes from previous assessments addressed?	N/A	
4	Was the reassessment conducted at client's home?	N/A	
		0	
H	CARE PLAN		
1	Was the Care Plan completed within two weeks of the reassessment?		
2	Was the Care Plan based on CDA approved assessment tools?		
3	Is the Care Plan signed and dated by PCM and SCM within required timeframe?		
4	Did client sign within 90 days indicating satisfication w/ services and approvals of care plans?		
5	Do Care Plans address client needs and personal goals?		
6	Were services started on or after the Care Plan was signed by SCM?		
7	Are Problem Statements listed by number with original date identified and/or reconfirmed?		
8	Do Problem Statements address the functional deficits and strengths?		
9	Are Problem Statements free of interventions and/or goals?		
10	Are goals measurable, realistic, and pertinent to problem statements?		
11	Do interventions address the client needs identified in the problem statement (i.e. an ERS does not prevent fall injury)?		
12	Are the Service Provider names and types listed on the Care Plan?		
13	Do client services match the Care Plan?		
14	Does the Care Plan include problems identified by both disciplines?		
15	Are Care Plans reviewed and revised by client's annual review date?		
16	Was theCare Plan revised to address changing needs?		
17	Were Care Plan reductions and deletions appropriately documented with NOA to client?		
		0	

I	PROGRESS NOTES				
1	Do progress notes indicate monthly contact?				
2	Are all entries legible, dated and signed?				
3	Are appropriate monitoring and follow-up of all Care Plan services and Care Management activities captured in progress notes?				
4	Were services/items deferred appropriately justified in the client record?				
5	Were risks associated with deferral documented and followed up timely?				
6	Was education provided to the client when necessary?				
7	Are the following visits conducted face-to-face in the home?				
a	Annual Reassessment				
b	Quarterly Visits				
8	Was the client seen annually by both SWCM and NCM?				
9	Do progress notes document critical incidents appropriately?				
10	Does a nurse review nutritional status for ONS recipients?				
11	Do progress notes document and monitor sensitive issues not placed on the Care Plan?				
12	Is verbal acceptance of the care plan documented in the progress notes?				
		0			
J	CLIENT RECORDS AND INFORMATION				
1	Are case record corrections and changes made correctly?				
2	Are entries in a language other than English translated?				
3	Do case records include all the required CDA-mandated forms?				
		0			
K	RISK ASSESSMENT (choose "Yes" to activate cells)	N/A			
1	If a safety risk is identified, was the client provided with education regarding the safety risk?	N/A			
2	If a possible adverse outcome is identified, did site develop a risk management plan and obtain client signature?	N/A			
3	Was the Risk Management Plan monitored monthly?	N/A			
4	If the client refuses a service, was the client informed of the consequences and associated risks of their decision?	N/A			
5	Is there documentation if the client refuses to sign the Risk Management Plan?	N/A			
		0			
	Appropriateness of Services-Assessments Section "No" Count	0			
III.	**Payment of Services**				
L	SERVICE PLAN AND UTILIZATION SUMMARY				
1	Are all waiver services on the SPUS listed in the Care Plan?				
2	Was each SPUS dated and signed by the PCM once verified?				
3	Are all purchases substantiated without the possibility of recovery?				
4	Were claims paid in accordance with the participant's authorized MSSP services?				
5	Did site submit claims under the appropriate service codes as specified in the Waiver?				
6	Were SPUSs completed for each client every month they are enrolled?				
7	Did site TAR for items covered by Medi-Cal?				
8	Did site pursue all other payment options?				
9	Did documentation provide proof of denial of payment by alternate payer sources?				
	Payment of Services Section "No" Count	0			
	Total 'No' count for Client	0			